



IDAHO DEPARTMENT OF
HEALTH & WELFARE

FILE COPY

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

BUREAU OF FACILITY STANDARDS
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Boise, Idaho 83720-0036
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July 9, 2010

Merinda Halladay, Administrator
Belmont Care Center 5th Street
6150 South 5th Street
Pocatello, ID 83204

RE: Belmont Care Center 5th Street, provider #13G079

Dear Ms Halladay:

This is to advise you of the findings of the initial Medicaid/licensure survey, which was concluded at your facility, Belmont Care Center 5th Street, on July 8, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, and the State survey report which state that no deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

MONICA NIELSEN
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

NW/srp

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER 5TH STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 6150 SOUTH 5TH STREET POCATELLO, ID 83204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
W 000	<p>INITIAL COMMENTS</p> <p>Belmont Care Center 5th Street is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation as determined during your initial survey.</p> <p>The survey was conducted by:</p> <p>Monica Nielsen, QMRP, Team Lead Michael Case, LSW, QMRP</p>	W 000	<p>RECEIVED</p> <p>JUL 20 2010</p> <p>FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

M. Halladay

Administrator

7/19/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>Belmont Care Center 5th Street is in compliance with the requirements of Idaho Department of Health and Welfare Rules, Title 03, Chapter 11, "Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR)" as determined during your initial survey.</p> <p>The survey was conducted by:</p> <p>Monica Nielsen, QMRP, Team Lead Michael Case, LSW, QMRP</p>	M 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

M. Hallcaly

STATE FORM

021199

TITLE

Administrator

60HM11

(X6) DATE

7/19/10

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